UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/757,561	01/13/2004	Jeremiah D. Quill	911-002.009-1	3021	
	955 7590 02/20/2008 VARE FRESSOLA VAN DER SLUYS & ADOLPHSON, LLP			EXAMINER	
BRADFORD GREEN, BUILDING 5			FRANTZ, JESSICA L		
755 MAIN STREET, P O BOX 224 MONROE, CT 06468			ART UNIT	PAPER NUMBER	
·			3746		
			MAIL DATE	DELIVERY MODE	
			02/20/2008	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/757,561	QUILL ET AL.	
interview Summary	Examiner	Art Unit	
	JESSICA L. FRANTZ	3746	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>JESSICA L. FRANTZ</u> .	(3) <u>WILLIAM BARBER</u> .		
(2) <u>DEVON KRAMER (SPE)</u> .	(4)		
Date of Interview: 12 February 2008.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)∏ applicant's representative	:]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>1</u> .			
Identification of prior art discussed: <i>Lipe</i> 3,526,469.			
Agreement with respect to the claims f) was reached. g)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Examiner suggested moderations of very claimed seals in order to distinguish over the substance of t</u>	<u>difying the independent claims</u>		
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP OAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
	/Devon Kramer/ Devon Kramer		
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)